

(1) PLACE OF BIRTH
County of Marlboro
Township of Red Hill
or
Inc. Town of Registration District No. 3307
City of (No.) (For use of Local Registrar)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.
Bureau of Vital Statistics
State Board of Health

File No.—For State Registrar Only
49916

(2) Full Name of Child Esther Lee Cox ... If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL? Girl (4) Twin or Triplet? No (5) Number in order of birth 1 (6) Are Parents Married? Yes (7) DATE OF BIRTH Feb. 19, 1911
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME James Cox
(9) PRESENT POSTOFFICE OF FATHER Bennettsville, S.C.
(10) COLOR OR RACE Cal (11) AGE AT LAST BIRTHDAY 27 (Years)
(12) BIRTHPLACE N.C.
(13) OCCUPATION Laborer
(14) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Esther Lilly
(15) PRESENT POSTOFFICE OF MOTHER Bennettsville
(16) COLOR OR RACE Cal (17) AGE AT LAST BIRTHDAY 27 (Years)
(18) BIRTHPLACE Marlboro
(19) OCCUPATION Laborer
(20) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 6:30 morning, on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) L. L. L. L. (24) State whether Physician or Midwife Midwife (25) Address of Physician or Midwife Bennettsville

Given name added from a supplemental report
..... 191.....

(26) Witness (Signature of Witness necessary only when question 23 is signed by mark) R. M. M. M.
(27) Filed Feb. 19, 1911 (28) R. M. M. M. Local Registrar

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.